

Religious Education 2016-2017

Catholic Diocese of Peoria Participant Registration Form



Parish Name: _____

Family Name: _____

Parents' Names: _____

Address: Street _____

City, State, Zip _____

Phone: (Home) _____

(Cell) _____

Email: _____

Children to be enrolled in Religious Education and their grade levels (K-8) for the UPCOMING YEAR of school:

| CHILD'S NAME | DATE OF BIRTH | GRADE IN 2016-2017 | KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF (including current medications) | Sacraments Received (Baptism, First Reconciliation, First Communion) |
|--------------|---------------|--------------------|---|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

General Permission

I request that my child(ren) listed above be allowed to attend Religious Education located at _____ for the duration of the 2016-2017 school year. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family,

including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of Religious Education at _____, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Insurance Information

Policy Holder (in the name of): _____

Insurance Company: _____

Policy Number: _____

Authorized Physician _____ Phone #: _____

Authorized Hospital: _____

Emergency Contact: _____

Relationship to child: _____

Phone #s _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent Signature: _____

Date: _____

Office Use Only

Total Due: _____

Total Paid: _____

Check #: _____